

# GOVERNANCE & OVERSIGHT NARRATIVE

**Local Authority:** Southwest

## Instructions:

In the cells below, please provide an answer/description for each question. **PLEASE CHANGE THE COLOR TO BLUE, OF SUBSTANTIVE NEW LANGUAGE INCLUDED IN YOUR PLAN THIS YEAR!**

### 1) Access & Eligibility for Mental Health and/or Substance Abuse Clients

**Who is eligible to receive mental health services within your catchment area? What services (are there different services available depending on funding)?**

Southwest Behavioral Health Center serves the five-county area, and offers mental health assistance to all who request services. Services are offered based upon a potential client's severity of need rather than that person's funding source for care. Using State funding specifically targeted toward those with no other resources, all county residents who request services will be offered a screening to assist in determining need. A triage process is used to determine that level of need. Based on that determination, individuals may be offered further services; may be referred to a community partner, or may be offered materials/resources of benefit. Medicaid recipients will be offered appropriate services based on medical necessity as required in the Center's contract with the Department of Health. Services to Medicaid recipients may be provided by Southwest staff or referred to one of Southwest's subcontracted providers.

An array of services are offered including individual, family and group therapy; evaluations, psychological testing, medication management, individual and group behavior management, individual and group psychosocial rehabilitation services, personal services, peer support services, respite, case management, psycho-educational services, inpatient and residential, as needed. Generally, all services are available to all clients, though certain Medicaid-specific services may be limited to some.

**Who is eligible to receive substance abuse services within your catchment area? What services (are there different services available depending on funding)? Identify how you manage wait lists. How do you ensure priority populations get served?**

While all who reside within the five-county area are eligible for assistance, Southwest, as the public, community provider, is not sufficiently funded to provide services to all county residents in need of substance abuse treatment services. As such, a prioritization based on severity of need, referral source and specific funding sources is necessary. The priority for services include women (pregnant, and/or with dependent children), women in general, IV drug users, Justice-Involved and Drug Court referrals, as well as Medicaid recipients who fall under Southwest's Medicaid Managed Care Plan. Much of Southwest's current funding is significantly tied to these populations. Others are served as general funding allows.

Substance Abuse Treatment services include individual, family and group therapy; evaluations, medication management, individual and group behavior management, individual and group psychosocial rehabilitation services, peer support services, medication-assisted treatment, case management and residential, as appropriate and as needed based on the ASAM criteria.

As there are caps on residential program services, associated with a limited number of available beds, Southwest does manage prioritized waiting lists. Southwest manages three substance use disorder residential treatment programs; these include Horizon House West for women with a capacity of 9,

Horizon House East for men with a capacity of 16, and Desert Haven, a women and children's residential with a capacity of 6 mothers. Those individuals on the waiting list in Washington County are encouraged to attend an interim group, which is offered twice a week. Additionally, outpatient groups, per State rules, are capped at 12 clients per clinician. In the event that outpatient groups are full due to staffing limits, an interim group is offered. Priority is given for those on waiting lists (both residential and outpatient) for pregnant women, individuals using intravenously, and Medicaid clients. The wait time from assessment to next appointment varies across programs, but, including interim services, the wait time is generally no more than a week. Clients may also be assigned an individual therapist to see while waiting for a group if needed.

**What are the criteria used to determine who is eligible for a public subsidy?**

A sliding fee schedule, based on family size and income, is provided to all clients where appropriate. Any client (5-county resident), for whom first and third-party collections fall short of the Center's actual cost of care, is eligible for public subsidy.

**How is this amount of public subsidy determined?**

This subsidy is the difference between the Center's actual cost of care and the first and third-party collections received by service. For Medicaid-eligible clients, Medicaid funds cover the cost of most contractually-covered services. Non-covered service costs, for Medicaid-eligible clients, must be subsidized by other sources.

**How is information about eligibility and fees communicated to prospective clients?**

At intake and evaluation, all clients are provided information about potential services they may receive, and the cost of those services, including any specific, associated co-pays, based on their individual financial situation.

**Are you a National Health Service Corps (NHSC) provider? YES/NO  
In areas designated as Health Professional Shortage Areas (HPSA) describe programmatic implications, participation in National Health Services Corp (NHSC) and processes to maintain eligibility.**

Yes. SBHC is an approved service site in three of the five counties we serve – Washington County, Kane County, and two sites in Iron County. Currently we have participants in both Washington County and Iron County sites. Participating has been helpful in enhancing our ability to recruit for clinical staff. The NHSC has an extensive application process that includes providing policy information, site requirements to be maintained, ability to provide services to all clientele by offering a sliding fee scale and without discrimination, accept Medicaid, Medicare and CHIP. This also requires an NHSC account manager to visit the various sites initially and each site is required to submit information for recertification every three years. Each individual approved to participate in the Loan Repayment Program must also provide information to the National Health Service Corp regarding availability to provide services. It has been well worth our effort to participate.

## 2) Subcontractor Monitoring

The DHS Contract with Mental Health/Substance Abuse Local Authority states: When the Local Authority subcontracts, the Local Authority shall at a minimum:

- (1) Conduct at least one annual monitoring review of each subcontractor. The Local Authority shall specify in its Area Plan how it will monitor their subcontracts.

**Describe how monitoring will be conducted, what items will be monitored and how required documentation will be kept up-to-date for active subcontractors.**

SBHC has multiple subcontracts in place with local behavioral health providers in an attempt to better meet the needs of some of Southwest's Medicaid clients. These subcontractors are selected based on client need; the subcontractor's expertise; and the subcontractor's desire to work with SBHC. SBHC Clinical leadership are involved in the selection of the subcontractors while both clinical and administrative staff are involved in the oversight of each subcontractor. SBHC's Managed Care Coordinator completes all initial contracting and credentialing. Generally, all subcontractors have agreed to use SBHC's electronic health record (EHR), making clinical review and oversight much more effective. SBHC's Client Information Systems Manager and the Center's Clinical Director provide initial hands-on EHR training for the subcontractor and staff. This initial training also includes the initial review of the subcontractors' physical facilities. Once the subcontractor relationship is established, the Managed Care Coordinator monitors the annual re-credentialing, including a review of the following: BCI, signed Provider Code of Conduct, Professional License and all applicable Business Licenses. SBHC Administrative staff also monitor Subcontractors monthly for any exclusions in the federal List of Excluded Individuals and Entities (LEIE) and the Excluded Parties List System (EPLS) databases. All clinical documentation is reviewed monthly by the SBHC Specialty Populations Coordinator prior to the subcontractor being paid. Ongoing site reviews are conducted as needed. Additionally, SBHC will be participating with DSAMH in their Subcontractor Monitoring committee effort. We hope to share and gain insight into monitoring best practices.